

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

(FAX)

P.022/027

PRINTED: 06/04/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445017	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 06/01/2011
NAME OF PROVIDER OR SUPPLIER ASBURY PLACE AT MARYVILLE			STREET ADDRESS, CITY, STATE, ZIP CODE 2848 SEVIERVILLE RD MARYVILLE, TN 37804		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 034	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Stairways and smokeproof towers used as exits are in accordance with 7.2. 19.2.2.3, 19.2.2.4</p> <p>This STANDARD is not met as evidenced by: Based on observations, it was determined the facility failed to maintain the stairwell exit fire doors.</p> <p>The findings include:</p> <p>Observation 1 North stairwell on 6/1/11, at 2:05 PM, revealed the fire door leading from the ground floor did not latch within the door frame.</p> <p>This finding was verified by the maintenance supervisor and acknowledged by the administrator during the exit conference on 6/1/11.</p>	K 034	<p>K034 - The lock mechanism was replaced to properly secure fire door to frame in 1-North stairwell.</p> <p>Maintenance staff will audit door lock weekly for 4 weeks then monthly for 3 months to ensure fire door lock compliance.</p> <p>The results of the audits will be reviewed at the Quality Assurance Committee (DON, Administrator, Facilities Director maintenance and housekeeping, MDS, Pharmacy, Social Services, Medical Director, ADON, Dining Services) meeting monthly for three (3) months and recommendations made as appropriate.</p>	7/15/11	
K 067	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Heating, ventilating, and air conditioning comply with the provisions of section 9.2 and are installed in accordance with the manufacturer's specifications. 19.5.2.1, 9.2, NFPA 90A, 19.5.2.2</p> <p>This STANDARD is not met as evidenced by: Based on observations, it was determined the facility failed to maintain the heating, ventilating, and air conditioning systems.</p>	K 067	<p>K067 - Negative air pressure was restored to the 2 South clean utility room and the soiled utility room.</p> <p>Maintenance staff will audit both utility rooms weekly for 4 weeks then monthly for 3 months to ensure proper negative air pressure.</p>	7/15/11	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Yessa Brown

Administrator

6/20/11

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See Instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445017	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 06/01/2011
NAME OF PROVIDER OR SUPPLIER ASBURY PLACE AT MARYVILLE			STREET ADDRESS, CITY, STATE, ZIP CODE 2848 SEVIERVILLE RD MARYVILLE, TN 37804		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 067	Continued From page 1 The findings include: Observation of the 2 South clean work and soiled utility rooms on 6/1/11 at 12:01 PM, revealed no negative air pressure was maintain in the rooms. This finding was verified by the maintenance supervisor and acknowledged by the administrator during the exit conference on 6/1/11.	K 067	The results of the audits will be reviewed at the Quality Assurance Committee (DON, Administrator, Facilities Director maintenance and housekeeping, MDS, Pharmacy, Social Services, Medical Director, ADON, Dining Services) meeting monthly for three (3) months and recommendations made as appropriate.		
K 069	NFPA 101 LIFE SAFETY CODE STANDARD Cooking facilities are protected in accordance with 9.2.3. 19.3.2.6, NFPA 98 This STANDARD is not met as evidenced by: Based on observations, it was determined the facility failed to maintain the cooking facilities. The findings include: 1. Interview with kitchen staff member #1 on 6/1/11 at 12:31 AM, revealed that staff member did not know how to manually operate the kitchen's hood fire extinguishing system and was not aware of which fire extinguisher to use on a grease fire. 2. Observation on 6/1/11, at 12:40 PM, revealed the kitchen's hood system's intake duct located on the roof was installed within 3 feet of 2 exhaust vents. These findings were verified by the maintenance supervisor and acknowledged by the administrator during the exit conference on	K 069	K069 – Staff present during survey was re-educated on proper procedure for kitchen fires including the kitchen's hood fire extinguishing system and fire extinguishers. A written procedure for the suppression system was posted for reference. The Dining Director or designee has re-educated all kitchen personnel on proper procedure for kitchen fires including the kitchen's hood fire extinguishing system and fire extinguishers.	7/15/11	

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NAME OF PROVIDER OR SUPPLIER ASSBURY PLACE AT MARYVILLE			STREET ADDRESS, CITY, STATE, ZIP CODE 2848 SEVIERVILLE RD MARYVILLE, TN 37804		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 069	Continued From page 2 6/1/11.	K 069			
K 130	NFPA 101 MISCELLANEOUS OTHER LSC DEFICIENCY NOT ON 2786 This STANDARD is not met as evidenced by: Every opening in a fire barrier shall be protected to limit the spread of fire and restrict the movement of smoke from one side of the fire barrier to the other. Based on observations, it was determined the facility failed to maintain the fire walls The findings include: Observations of the 3 North and 1 South stairwells on 6/1/11, at 12:56 PM, revealed cracks in the fire walls. These findings were verified by the maintenance supervisor and acknowledged by the administrator during the exit conference on 6/1/11.	K 130	The Dining Director or designee will audit the kitchen associates to verify their knowledge of fire procedures monthly for 3 months then quarterly. The results of the audits will be reviewed at the Quality Assurance Committee (DON, Administrator, Facilities Director maintenance and housekeeping, MDS, Pharmacy, Social Services, Medical Director, ADON, Dining Services) meeting monthly for three (3) months and recommendations made as appropriate. The kitchen's hood system intact duct will be raised 25.5 inches above the existing curb with the trunk line relocated 12 feet 3 inches from the existing intake. In addition, the existing exhaust motor will be reattached to the new duct at 55 inches above the roof deck. This will give a 12 foot clearance between our intake and exhaust system.		
K 147	NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code, 9.1.2 This STANDARD is not met as evidenced by: Based on observations and testing, it was determined the facility failed to maintain the electrical wiring and equipment.	K 147			

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NAME OF PROVIDER OR SUPPLIER ASBURY PLACE AT MARYVILLE			STREET ADDRESS, CITY, STATE, ZIP CODE 2648 SEVIERVILLE RD MARYVILLE, TN 37804		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 147	<p>Continued From page 3</p> <p>The findings include:</p> <ol style="list-style-type: none"> 1. Observation of the 2nd floor mechanical room on 6/1/11, at 12:45 PM, revealed the power source panel cover was missing. 2. Observation of the housing keeping office on 6/1/11, at 12:43 PM, revealed an extension cords was being used. 3. Observation of the beauty shop on 6/1/11, at 12:45 PM, revealed 2 extension cords were being used. 4. Observation of residents' room 200 on 6/1/11, at 12:50 PM, revealed the ground fault circuit interrupter located next the sink failed the grounding test. <p>These findings were verified by the maintenance supervisor and acknowledged by the administrator during the exit conference on 6/1/11.</p>	K 147	<p>K130 - All cracks in the fire walls in the 3 North and 1 South stairwells have been repaired and repainted.</p> <p>All other stairwells have been assessed for cracks in the fire walls and have been repaired and repainted.</p> <p>Maintenance staff will audit all stairwells weekly for 4 weeks then monthly for 3 months for any stress cracks and penetrations to fire wall.</p> <p>The results of the audits will be reviewed at the Quality Assurance Committee (DON, Administrator, Facilities Director maintenance and housekeeping, MDS, Pharmacy, Social Services, Medical Director, ADON, Dining Services) meeting monthly for three (3) months and recommendations made as appropriate.</p>	7/15/11	